IA 10	4(	0 19	<b>997</b> 10	WA IN	DIVIDUAL	INCC	OME TAX	( RETU	JRN							
For calenda	ar ye	ear 1997 o	r fiscal year beg	jinning_	, 199	7 and e	ending	, 1	9	-						
STEP 1	L	Your first name, middle initial Last name Your Social Security No.						mber •	•							
Name and Address	В		first name, middle	initial Las	t name		Spouse's So	cial Security	Numbe	er •						
Address	Ĺ	B.					opoulos s os	ola. Goodini,		<i>"</i>						
Check if you	H	Current ma	ailing address (numb	er & stree	t) or PO Box					our name		Your Oc	cupa	ition		
are a first time lowa filer	E R	Apt., Suite, Lot, R.R., etc. (street address if delivery is to PO Box)							spouse's name, if applicable, and your			Spouse's Occupation			+	
	Е	Apt., Suite	, LUI, K.K., EIG. (SIIE	.ot, N.N., etc. (Sileet address if delivery is to PO box)						ss the sa	•	Spouse	5 00	cupation		
		City, town	or post office, state	and ZIP co	ode				on last	t year's	return?			Residence (		
									Ye	es	No	County I	<b>1</b> 0.	•	Sch Dist No.	
STEP 2	2		ngle: Were you cla arried filing joint re		a dependent on	anothe	r person's lo	wa return	? 🔲 ,	Yes	No 📥	School I	Distri	ct Name		
Filing	3	Ma	Married filing separately on this combined return (Spouse use column B)  Married filing separate returns:											Spou	!-	
Status	4	IVIC	Enter spouse's SS	SN and nar	ne SS	#		Lact	Name		Ei	st Name		Incon	ne \$	
Mark one box only	5		ead of household ualifying widow(er		ılifying person). I	f qualifyii	ng person is no r the person's	ot claimed a	as a de <sub>l</sub>	pendent	on this re	turn,				
box only	0	Q	aaiiiyirig widow(ei	) with dep	Enter 1				Enter N				_			
STEP 3		YOU			r 2 if filing joint or ad of household		65 or Over	Blind	Credits					TOTAL EXE	EMPTION CR	EDITS
Figure	(a	ind spouse	PERSONAL CREDITS -> _			_ +	+		= [	×\$2	)=\$			Add \$ amounts	from left	
your		IF filing jointly)  DEPENDENT First names of CREDITS dependents:									)=\$			and enter here	COLUMN A	
exemption credits	1	SPOUSE	PERSONAL							 ]	) — ¢					
Cicuits		(IF filing status 3)	DEPENDENT F	irst names	of								_ L	Add \$ amounts and enter here		
			CREDITS d	ependents	:				> L	× \$4	)=\$		-J —	and on line 47,	COLUMN B	
							B. Spot	use-filing us 3 only	Α	. You	or Joint	В	S s	Spouse-filing status 3 only	A. You or Jo	oint
STEP 4			ALARIES, TIPS, ETC									00				
Figure			NTEREST INCOME .					.00	-			00				
your		3. DIVIDEND INCOME							_			<u>00</u> 00				
gross income		. ALIMONY RECEIVED									00					
			AIN/(LOSS) from Fed					.00				00				
			INS/(LOSSES) from					.00	-			00				
			RA DISTRIBUTIONS PENSIONS AND ANN					.00.	_			00 00				
			YALTIES, PARTNER									00				
			OME/(LOSS) from Fe					.00	0			00				
			YMENT COMPENSA		,			.00				00				
			SOCIAL SECURITY B COME (see page 8) .					.00	-			00 00				
			S INCOME (AD									15.		.00		.00
			TO AN IRA, KEOGH		•			.00				00				
STEP 5			OF SELF EMPLOYN					.00	_			00				
Figure your			SURANCE DEDUCT ON EARLY WITHDRA					.00	-			<u>00</u> 00				
adjust-			PAID					.00	_			00				
ments to			RETIREMENT INCOM					.00	_			00				
income			XPENSE DEDUCTIO					.00	-			00				
			TAL GAINS DEDUCT									00				
			JUSTMENTS (see pa						_			<u>00                                   </u>		.00		.00
			COME (SUBTRA											.00		.00
STEP 6			NCOME TAX REFUN					.00				00				
Figure			LOYMENT/HOUSEH					.00				00		.00		00
your		. ADDITION FOR FEDERAL TAXES (ADD lines 27 and 28)												.00		.00
Federal		•	FAX WITHHELD						1			00				
Tax			ESTIMATED TAX PAY						_			00				
addition			AL FEDERAL TAX PA									00		00		00
and deduction			N FOR FEDERAL TA (SUBTRACT line 34 f											.00		.00
	00	. DALANVE	(555110.0111110041	5111 11110 00	. s.nor nore and on r	00, 31						···		.00	41-0	001 (9/97)

OTED 7		B. Spouse-filing status 3 only	A. You or Joint	B. Spouse-filing status 3 only	A. You or Joint
STEP 7	36. BALANCE (from line 35, side 1)	1	36.	.00	.00
Figure	37. TOTAL ITEMIZED DEDUCTIONS from Schedule A	.00	.00	.00	.00
your taxable	37. GOAL HEMIZED DEDUCTIONS from Scriedule A		.00	Complete li	nes 37 to 40
	39. BALANCE (SUBTRACT line 38 from line 37)		.00	•	ou itemize
	40. OTHER DEDUCTIONS (see instructions, page 12)		.00	. Offiny if yo	ou itemize
	41. DEDUCTION check one box ITEMIZED (ADD lines 39 - 40)		ARD (see page 13) 41.	.00	.00
	42. TAXABLE INCOME (subtract line 41 from line 36)			.00	T
	43. TAX OR ALTERNATE TAX (see page 13)		.00		
CTED 8	44. IOWA LUMP-SUM TAX (25% of Federal tax from Form 4972) 44.		.00	•	
	45. IOWA MINIMUM TAX Attach IA 6251 (see page 14)		.00	•	
your	46. TOTAL TAX (ADD lines 43, 44, 45)		<u> </u>	.00	.00
tax,	47. TOTAL EXEMPTION CREDITS (Step 3, side 1)		.00		
	48. IOWA EARNED INCOME CREDIT <b>6.5% of Federal credit</b> 48.		.00	•	
	49. TUITION AND TEXTBOOK CREDIT 49.		.00	•	
checkoff	50. TOTAL CREDITS (ADD lines 47, 48 and 49)		50.	.00	.00
contributions	51. BALANCE (SUBTRACT line 50 from line 46. If less than zero, enter zero	o.)	51.	.00	.00
	52. CREDIT FOR NONRESIDENT OR PART-YEAR RESIDENT (Attach IA	126 and Federal return)	52.	.00	.00
	53. BALANCE (SUBTRACT line 52 from 51.)		53.	.00	.00
	54. OTHER IOWA CREDITS (see page 14)		54.	.00	.00
	55. BALANCE (SUBTRACT line 54 from 53.)		55.	.00	.00
	56. SCHOOL DISTRICT SURTAX/EMERGENCY MEDICAL SERVICES SU	.00	.00		
	57. TOTAL TAX. (ADD lines 55 and 56)	.00	.00		
	58. TOTAL TAX BEFORE CONTRIBUTIONS (ADD Columns A & B on line 5	57 and enter here)		58.	.00
	59. CONTRIBUTIONS (see page 15). Contributions will reduce your refund				
	Fish & Wildlife Fund State Fairgrounds Renovation	Domestic Abuse Services	7		0.0
	59a. ▲ .00 59b. ▲ .00	59c. ▲ .00			00.
	60. TOTAL TAX AND CONTRIBUTIONS. (ADD lines 58 and 59)				
	61. IOWA INCOME TAX WITHHELD		.00.		
STEP 9	62. ESTIMATE AND VOUCHER PAYMENTS		.00.		
Figure	63. OUT-OF-STATE TAX CREDIT (Attach IA 130) 63.		.00.		
your	64. MOTOR VEHICLE FUEL TAX CREDIT (Attach IA 4136) 64.		.00		
	65. CHILD & DEPENDENT CARE CREDIT (see page 16)		.00	•	
	66. OTHER REFUNDABLE CREDITS (see page 16)		.00	•	
	67. TOTAL (ADD lines 61 - 66)		.00		00
	68. TOTAL CREDITS (ADD columns A and B on line 67 and ente				
CTED 40	69. If line 68 is more than line 60, SUBTRACT line 60 from line 68. This is ar 70. Amount of line 69 to be REFUNDED to you	•			
Ciarra varr	71. Amount of line 69 to be applied to your 1998 estimated tax 71.	.00.	.00		.00
	71. Althount of line 63 to be applied to your 1330 estimated tax 71			72	.00
amount	73. Penalty for underpayment of estimated tax (from IA 2210 or IA 2210F).				.00
you owe	74. Penalty and Interest (see page 17) 74a. Penalty	.00▲ + 74b. Inte			.00
	75. TOTAL AMOUNT DUE (ADD lines 72, 73, and 74 and enter here) ATTAL				.00
	Make check payable to: TREASURER, STATE OF IOWA.	\$1.50 to Democratic Party	\$1.50 to	Democratic Party	
IOWA ELECTION	See Instructions This checkoff does	\$1.50 to Republican Party		Popublican Party	OUDCELE .
CAMPAIGN FUND	Page 17 not affect your refund SPOUSE or amount you owe.	\$1.50 to Reform Party	\$1.50 to	Reform Party	OURSELF ▲
FUND		\$1.50 to Campaign Fund	\$1.50 to	Campaign Fund	
	Next year, I would like to receive (see instructions, page 17):				
	Check one — > 0.) a booklet with preprinted label	OR 2.) a label on	oR '	1.) neither a booklet nor a	a label
COW-CALF	DO NOT use these amounts to increase your overpayment, line 6	69, or reduce the amount y	ou owe, line 72. (see ins	tructions page 17)	
		Cow-cal	f Refund	.00 🛦	.00
		(attach I	A 132) Spou	ise	Taxpayer
	ed, declare under penalty of perjury that I (we) have examined the				belief, it is a true, correct
and complete return.	Declaration of preparer (other than taxpayer) is based on all info Pr	ormation of which the pre reparer's	parer nas any knowled		
Your Signature		gnature ———		Date	
Spouse's Signature	Fin Date &	rm ———			
		ddress			
Daytime Telephone Nur					<del></del> -
MAIL TO:	IOWA INCOME TAX PROCESSING DEPARTMENT OF REVENUE AND FINANCE				
	HOOVER STATE OFFICE BUILDING				
	DES MOINES, IOWA 50319-0120	Preparer's Tel	ephone Number Er	mployer Identification or Sc	ocial Security Number